

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050363

Registration District No. 317

Primary Registration District No. 531

Registrar's No. 3966

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 3 1964

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN University City

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION #2 Westridge Ct.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
#2 Westridge Ct.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Joseph Samesreuther

4. DATE OF DEATH December 26, 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10/17/1869

## 9. AGE (last birthday)

94

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Frederick Samesreuther

## 13b. MOTHER'S MAIDEN NAME

Emma Schuetze

## 14. NAME OF HUSBAND OR WIFE

late, Estelle M. Leidner Samesreuther

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Julian W. Will 1106 Greenhill, Wilmington, Delaware

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Embolism

## INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

arteriosclerosis, general

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1952 to 12-26-63 and last saw her alive on 12-25-63  
Death occurred at 1032 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Milton Smith M.D.

## 22b. ADDRESS

3720 Washington St. Louis

## 22c. DATE SIGNED

12-26-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

12-28-63

## 23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis

## (State)

Missouri

## 24. FUNERAL DIRECTOR

Lupton Chapel, Inc 7233 Delmar Blvd

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

12-26-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
4006  
4006  
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94500  
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12 90-0  
13

Dr. Milton Smith  
3720 Washington  
St. 38700

Reuther  
County Vice.

*Reuther*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Arnold W. Schoene*  
Licensed Embalmer No. 3864  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.